



SPECIAL EVENT APPLICATION

Please complete and return application to:

City of Florence Phone: (859) 647-8177
ATTN: Administration Fax: (859) 647-5411
8100 Ewing Boulevard Email: donna.smith@florence-ky.gov
Florence, Kentucky 41042

Application Date: _____

APPLICANT INFORMATION

Name of applicant: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

If contact person is different than applicant, please list:

Name of contact: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Sponsor/Organization Status:

- ☐ Not-For-Profit Organization, please include tax exempt #: _____
☐ For Profit Organization
☐ Individual
☐ Charitable
☐ Other, please describe: _____

Have you obtained an occupational license: ☐ Yes ☐ No

Note: Applicants that are not considered a charitable organization may be required to obtain an occupational license from the City of Florence before the event date. For additional information, please contact the Finance Department at (859) 647-5413.

EVENT INFORMATION

Name of Event: _____

Location(s): _____

Note: Any event to be held in a City of Florence park must have the approval of the Parks & Recreation Administrator. You may contact the Parks & Recreation Administrator at (859) 647-5416.

Event date(s): _____

Event hours of operation: _____

Set-up date(s) and time(s): _____

Event teardown date(s) and time(s): _____

Street closure date(s) and time(s), if applicable: _____

Specific type of event, please check all that apply:

☐ Festival

☐ Parade

☐ Fair/Carnival

☐ Private Party

☐ Sports Event

☐ Concert/Performance

☐ Fundraiser

☐ Political

☐ Religious

☐ Filming

☐ Community event

☐ Other: _____

Name of performer/DJ/band: _____

Type of music: ☐ Popular ☐ Classical ☐ Rock ☐ Country ☐ Other: _____

If fundraiser, name of charity receiving funds: _____

Briefly describe the event: _____

Anticipated attendance: _____ **Prior year attendance, if applicable:** _____

Is the event free to the public? ☐ Yes ☐ No **Please indicate admission fee (if applicable):** \$ _____

Will food and/or beverages be served: ☐ Yes ☐ No

	No Charge	Charge	# of vendors or other information:
<input type="checkbox"/> Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Soft drinks	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Note: If you plan on selling alcoholic beverages, you may need to obtain a temporary liquor license from the City of Florence. For additional information, please contact the Finance Department at (859) 647-5413.

Will you be using any of the following: ☐ Yes ☐ No

Fireworks ☐

Date: _____

Time: _____

Place: _____

Mechanical rides ☐

Date: _____

Time: _____

Place: _____

Company name: _____

Insurance carrier: _____

Contact person: _____

Note: The City of Florence Fire/EMS Department must approve all indoor and/or outdoor public display of fireworks or pyrotechnics. Applications are available upon request and must be received by the Fire/EMS Department at least 30 days prior to the display date. For additional information, please contact the Fire/EMS Department at (859) 647-5660.

Mechanical ride vendors must contact the Kentucky Department of Agriculture, Division of Regulation and Inspection, at (502) 564-4696 in advance of the event.

Will vendors be cooking and/or heating food: ☐ Yes ☐ No

☐ Gas

☐ Charcoal

☐ Electric

☐ Other, please describe: _____

Will temporary electricity be installed: ☐ Yes ☐ No

If yes, please list name, address, and telephone number of electrical contractor: _____

Note: All temporary electrical installations must be inspected by a state certified electrical inspector. A Kentucky licensed electrical contractor must perform all electrical installations. Food preparation booths need to be inspected by the Northern Kentucky Health Department. City of Florence Fire/EMS Department requires one (1) 10#ABC fire extinguisher for each cooking location.

Which of the following items will be utilized:

☐ Booth(s) # _____ Size(s) _____
☐ Tent(s) # _____
☐ Canopy(ies) # _____
☐ Other _____

Note: The Boone County Building Department must approve the construction of any tent over 100 square feet. Contact the Boone County Building Department at (859) 334-2218 for inspection and approval details.

Will this event require the presence of emergency medical personnel: ☐ Yes ☐ No

Services needed: ☐ Ambulance ☐ Paramedics ☐ Emergency Medical Technicians
☐ Nurses ☐ Doctors

Agency providing service: _____
Contact person: _____
Phone: _____

Note: An emergency medical plan must accompany the special event application, if applicable. The plan should include but not limited to access, triage, treatment, transportation, and medical care staffing. Florence Fire/EMS Department will review the plan to ensure an appropriate level of care is available. Florence Fire/EMS may assist in providing emergency care at the event. For additional information, please contact Florence Fire/EMS at (859) 647-5660.

Will this event require a security plan for the safety of patrons and/or traffic control: ☐ Yes ☐ No

If yes, will you be using: ☐ Florence Police Department ☐ Private Security ☐ Other: _____

Note: A security plan must accompany the special event application, if applicable. For additional information or assistance determining whether a security plan is necessary, please contact the Florence Police Department at (859) 647-5420.

Indicate who will be responsible for emptying trash cans, removing trash from vendor booths, and picking up litter in the event area during and after the event hours of operation:

Name: _____
Contact Person: _____
Phone Number: _____

Note: For information concerning trash collection in the City of Florence, please contact the Public Services Department at (859) 647-5416.

How does the event benefit the City of Florence? Please quantify if possible. _____

Note: Some special events may require the City of Florence to provide services that are above the regular day-to-day activities of its departments. Such services may include the cost of special security by Florence police officers, crowd control, traffic control, emergency medical personnel, use of City barriers, special clean up by City workers, etc. An estimate of City services costs will be provided prior to the event, if necessary. Applicant may be given an itemized bill after the event, if applicable. If applicable, the applicant agrees to pay the cost of City services.

INSURANCE INFORMATION

Organizations having a special event must provide the City of Florence a current certificate of insurance complying with specified insurance coverage and limits as prescribed by the city not less than seven (7) working days prior to the event. The insurance company must have a minimum "A" rating to be acceptable. **Liability limits: \$1,000,000 for general and liquor liability (if applicable).**

- I. Coverage: _____
- II. Insurance Company: _____
- III. Limits of Liability: _____
- IV. Agent: _____
- V. Agent's Phone Number: _____
- VI. Is the City named as an additional insured in this policy: _____

Hold Harmless Agreement:

To the fullest extent permitted by law, _____ hereby agrees to defend, pay in behalf of, and hold harmless the City of Florence against any and all claims, demands, suits, losses, including costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the City of Florence, its elected and appointed officials, employees, volunteers, agents or all others working on behalf of the City of Florence, by reason of personal injury, including bodily injury and death; and/or property damage or intended wrongful act, including loss of use thereof, which arose out of the alleged negligence of _____ (*name of organization*) and/or in any way connected or associated with the event(s) known as _____ (*name of event*) which is being sponsored by _____ (*name of organization*).

Applicant declares all information submitted on this application is true and accurate. Applicant will immediately notify the City of Florence of any additions or changes that arise after application is submitted. Changes could result in denial or revocation of permit. On behalf of above organization(s) and all members thereof, applicant agrees to abide by all policies, procedures and instructions set forth or provided by the City of Florence, its staff, officers, and designated agents and will comply with all local, state, and federal laws or regulations.

Applicant's Signature: _____ **Date:** _____

Note: A completed City of Florence Special Event Application must be received by the City of Florence 60 days prior to the event date. If the Special Event Application is not received within the prescribed time period, the City may deny the application.

INTERNAL USE ONLY

The above special events application is hereby: [] Granted [] Denied

City Coordinator/Designee: _____ **Date:** _____

Internal Comments Received:

Department	Y/N	Date	Initials	Remarks
Fire	_____	_____	_____	_____
Police	_____	_____	_____	_____
Public Services	_____	_____	_____	_____
Risk Management	_____	_____	_____	_____

If applicable:

Cost: _____

Check #: _____

Cash: _____

Other notes: